



**California Agricultural Mediation Program
Mediation Report**

Name of Dispute: _____

Agency Involved: USDA FSA_____ NRCS_____ RD_____

Other (Please specify)_____

Date of Mediation: _____ Location of Mediation: _____

Mediator: _____

Outcome: _____ Full Agreement Reached

_____ Partial Agreement Reached

_____ No Agreement Reached/Mediation Completed

Mediator's Signature: _____ Date: _____